

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Mary Hurd Brown

Write the full name of each plaintiff.

-against-  
New York City Department of Education

20 CV 2424-VEC-OTW

(Include case number if one has been assigned)

Do you want a jury trial?

Yes  No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

**SECOND AMENDED  
EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Mary	Hurd Brown	
First Name	Middle Initial	Last Name
P.O. Box 1113		
Street Address		
Bronx, Bronx	NY	10451
County, City	State	Zip Code
(917) 583-6385	mbrown39@Verizon.net	
Telephone Number	Email Address (if available)	

### B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	New York City Department of Education	
Name		
Tweed Courthouse 52 Broadway		
Address where defendant may be served		
New York, New York	NY	10007
County, City	State	Zip Code
Defendant 2:		
Name		
Address where defendant may be served		
County, City	State	Zip Code

Defendant 3:

---

Name

---

Address where defendant may be served

---

County, City

---

State

---

Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:  
HS of Graphic Communication Art Complex

---

Name

---

439 W 49th Street

---

Address

---

New York, New York

---

NY

---

10019

---

County, City

---

State

---

Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- race: \_\_\_\_\_
- color: \_\_\_\_\_
- religion: \_\_\_\_\_
- sex: \_\_\_\_\_
- national origin: \_\_\_\_\_

- 42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race  
My race is: \_\_\_\_\_
- Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)  
I was born in the year: 1949
- Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance  
My disability or perceived disability is: Knee Replacement, HP
- Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability  
My disability or perceived disability is: Knee Replacement, HP
- Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

#### B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- Other (may include other relevant federal, state, city, or county law):  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): No appropriate work space, no secure area for personal storage; and no phone, 3020(a) charges served 2/19.

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Please see attached addendum.

---

---

---

---

---

---

---

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 3/19/2019

- No

Have you received a Notice of Right to Sue from the EEOC?

- Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 12/26/2019

When did you receive the Notice? 1/02/2020

- No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me  
 direct the defendant to re-employ me  
 direct the defendant to promote me  
 direct the defendant to reasonably accommodate my religion  
 direct the defendant to reasonably accommodate my disability  
 direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)  
monetary damages, emotional distress, physical harm, rescind 3020(a) charges
- 
- 
-

## VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated	<u>Mary Hurd Brown</u>		
<u>Mary</u>	Plaintiff's Signature		
First Name	Middle Initial	Last Name	
<u>P.O. Box 1113</u>			
Street Address	NY	10451	
<u>Bronx, Bronx</u>			
County, City	State	Zip Code	
<u>(917) 583-6385</u>	<u>NY</u>	<u>Mbrown39@Verizon.net</u>	
Telephone Number	Email Address (if available)		

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes    No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.